Florida Housing Finance Corporation

2020-CRF Invitation to Participate in the Coronavirus Aid, Relief and Economic Security (CARES Act) Coronavirus Relief Funds (CRF) to Provide Rental Assistance for Residents in Developments Currently in Florida Housing’s Portfolio

Issued: July 10, 2020
Introduction

The State of Florida has been awarded funding through the Coronavirus Aid, Relief and Economic Security (CARES Act) Coronavirus Relief Funds (CRF) to provide rental assistance for residents in Florida Housing funded developments. All funds must be expended by December 30, 2020. The Corporation is extending this Invitation to Participate, subject to approval of the FHFC Board of Directors at the July 17, 2020 Board meeting.

Application Procedures

A. Owners of Developments currently in the Corporation’s portfolio will complete the Invitation to Participate Application (Exhibit A).

B. Instructions on how to complete and upload Exhibit A to this Invitation to Participate to the Corporation’s website may be found at https://www.floridahousing.org/about-florida-housing/florida-housing's-coronavirus-relief-fund.

C. Once Exhibit A has been received by the Corporation, it will be reviewed for completeness and eligibility. The Corporation will respond to uploaded Applications within 30 days of submission. Owners will then be required to enter into a funding agreement with Florida Housing. Once the funding agreement is executed and expenditure documentation is reviewed, the Applicant/Owner will receive disbursements of CRF funds.

Development Eligibility Guidelines

A. The Development is currently in the Corporation’s portfolio;

B. The Development has tenants that are experiencing a loss of job or income due to COVID-19; and

C. The Eligible Households in the Development does not currently receive housing rental assistance under any other federal program, such as Housing Choice Voucher Program or Project Based Rental Assistance, for the affected tenants.

Tenant Eligibility Guidelines

A. Participating properties must document each household’s eligibility by demonstrating that the household’s monthly incomes have been specifically impacted by the COVID-19 health crisis. Impacts may be due to loss of income, partially unemployed or unable or unavailable to work because of certain health or economic consequences of the COVID-19 pandemic.

B. The resident file should contain all the necessary information to determine whether an applicant’s household is eligible for CRF rental assistance. In accordance with the provisions of Sections 760.20-760.37, Fla. Stat., it is unlawful to discriminate on the basis of race, religion, color, sex, familial status, national origin, or handicap in the award application process for Eligible Households. At a minimum, an application for program assistance should contain the following items for each household members:
(1) The number of people residing in the household including name, age, relationship to head of household, current address and home phone number.

(2) Name and address of employer(s), work phone number(s), position title and the number of years on the job with the employer(s).

(3) Sources of annual income, including earned, unearned and asset income, and a statement signed by all of the adults who reside in the household consenting to the disclosure of information for the purpose of verifying income and assets for determining income eligibility for program assistance.

(4) A signed statement indicating that the applicant understands that all information provided is subject to Florida’s public records laws.

(5) A statement that it is a first-degree misdemeanor to falsify information for the purpose of obtaining assistance.

(6) Documentation that the Eligible Household has paid 30% of their monthly income towards rent.

Request for Funding Process

A. Participating Developments will determine a tenant household’s eligibility and the amount of rental assistance each will receive.

B. Funding requested under CRF will be processed on a monthly basis.

C. Funds must be expended by December 30, 2020. Any funds not expended by December 30, 2020 will be returned to the Treasury.

D. A funding agreement must be executed and returned to the Corporation.

E. The Applicant/Owner and household certifications must be complete before the money is disbursed.

F. Applicants will be required to submit documentation required by the Corporation in order to process the request.

Certifications

With respect to Eligible Households subsidized with Coronavirus Relief Funds, participating properties agree to:

A. Not increase any tenant household’s rent through January 2021;

B. Waive all costs, fee and charges incurred as a result of non-payment or partial payment of rent during the impacted months;
C. Not consider non-payment or partial payment during impacted months when considering renewal of a household’s lease, or, share this information with other rental properties, credit bureaus and tenant screening companies;

D. Not initiate new evictions for non-payment of rent and must suspend all pending eligible households’ tenant evictions for nonpayment of rent for the duration of the rental payment assistance;

E. Not issue a notice to vacate for nonpayment of rent until the end of the eviction relief period; and

F. Not require a tenant to vacate the unit until 30 days after such notice.
Exhibit A to ITP 2020-CRF Invitation to Participate in Coronavirus Relief Funding to provide rental assistance for residents in Developments currently in Florida Housing’s Portfolio

A. Acknowledgement and Certification

By submitting this Application, the undersigned hereby acknowledges and certifies it will comply with the requirements set forth in this Invitation to Participate in the Coronavirus Aid, Relief and Economic Security (CARES) Act Relief Funds (CRF) program. The Applicant agrees to provide the Corporation with any documentation requested in order to process the request for funding.

B. Applicant/Owner Entity, Management Company, and Contact Person

1. Applicant/Owner Name: Click here to enter text.

2. Name of Development: Click here to enter text. (Note: only one Development per Application)

3. Original Funding Application Number Assigned by Florida Housing: Click here to enter text

4. Property Key Number Corporation HPP ID: Click here to enter text (Note: Only one Property Key Number should be entered)

5. Is the Principal of the Applicant/Owner Entity a Public Housing Authority or an instrumentality of a Public Housing Authority?

Choose an item.

If the Principal of the Applicant/Owner Entity is an instrumentality of a Public Housing Authority, state the name of the Public Housing Authority:

Click here to enter text.

6. Name of the Management Company: Click here to enter text.

Management Company Contact Person: Click here to enter text.
Telephone: Click here to enter text.
E-Mail Address: Click here to enter text.

7. Applicant/Owner Contact Person

Authorized Principal Representative contact information (required)

Name: Click here to enter text.
Relationship to Applicant: Click here to enter text.
Organization: Click here to enter text.
Street Address: Click here to enter text.
City: Click here to enter text.
State: Click here to enter text.
Zip: Click here to enter text.
Telephone: Click here to enter text.
E-Mail Address: Click here to enter text.

Operational Contact Person information (optional)

Name: Click here to enter text.
Relationship to Applicant: Click here to enter text.
Organization: Click here to enter text.
Street Address: Click here to enter text.
City: Click here to enter text.
State: Click here to enter text.
Zip: Click here to enter text.
Telephone: Click here to enter text.
E-Mail Address: Click here to enter text.

C. Location of Development

1. County: Choose a county.
2. Address of Development:
   Click here to enter text.
   City of Development:
   Click here to enter text.
3. Does the Development consist of Scattered Sites?
   Choose an item.

D. Funding

1. Indicate which of the following apply(ies):
   - ☐ The Applicant intends to seek funding under CRF for the months of April, May, or June 2020.
   - ☐ The Applicant intends to seek funding under CRF for the months of July through December 2020.
2. Estimated number of currently affected tenant households: Click here to enter text.
3. Non-Corporation Funding
   If the Development or its residents are assisted with the United States Department of Housing and Urban Development (HUD) Project Based Rental Assistance, HUD Housing Choice Voucher Program, United States Department of Agriculture Rural Development Rental Assistance, or any other rental assistance (RA) program, indicate the applicable program(s) below.
   - ☐ PBRA
   - ☐ HCV
   - ☐ RD RA
   - ☐ Other RA
4. The Applicant will be required to provide the Corporation with documentation for receipt of electronic payment of funds via the Automated Clearing House (ACH) Network upon acceptance of this Application.

E. Applicant Certification

By submitting this Application, the undersigned hereby acknowledges and certifies it will comply with the requirements set forth in the Invitation to Participate in the Coronavirus Aid, Relief and Economic Security (CARES) Act Relief Funds (CRF) program. The Applicant agrees to provide the Corporation with any documentation requested in order to process the request for funding.

Submitted by:

Applicant/Owner Authorized Principal Representative: Click here to enter text.
E-Mail Address: Click here to enter text.
Date: Click here to enter text.